

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/600011

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15	1	①				
16	1					
17		①				
18	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					

	INC.		DEP.		IND.		DEP.		IND.		DEP.	
51												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												